WISE Educator Guide



WISE-OnCall

Depending on your institution's subscription you may hava access to any combination of the following courses:





Reporting

To access WISE-MD reports, click on the "WISE-MD" button at the top of the Course page for your program in Aqueduct.

All administrative accounts should see the following screen with an Admin navigation tab where reports can be accessed

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MODULES & Surgey © SK	User List Report			
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Module Progress	WISE-MD_Internal	✓ All Cle	ərkships	~
Question Progress	Start Date 07/24/2016	End Dat 09/01/	ie /2020	
ADMIN		Conerato Deport		
User Progress		Generate Report		
Iser Activity				
	Associated with			
년 Logout	NYU Langone Health			Wise-MD © 2020

For each report type, the following are applicable:

Domain: your institution or program; this will be auto-populated

Clerkship: grouping of learners specified by the institution or program. These groupings are created on the backend by the WISE team and are useful for reporting. If you are interested in hearing more, please email wise@nyulangone.org.

Date Added: this is the date the user was added to the WISE database. A note on this: users are added to the WISE

database the first time they click on a WISE product button from Aqueduct. If a learner does not show up in the search, alter this parameter.

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MODULES						
 & Surgery Skills 	User List Rep	oort				
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Module Progress	WISE-MD_Internal		✓ All Clerkships			•
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ADMIN	07/24/2010		03/01/2020			
🌐 User List			Generate Report			
 User Progress User Activity 	Login	Name	Email	Created	Clerkship	Section
	Username	Student Name	email address	1/4/2017	Default Admin Group [admin]	
				11/14/2019	Default Admin Group [admin]	
				6/7/2017	Dummy Clerkship	
				2/27/2020	TEST IDs - CLOUD	
				5/15/2018	Demo_IDs	
	+	+	+	4/10/2018	Authors	
년 Logout				12/22/2016	Admin Users	

User List

This report will give you a list of users based on the date range you specified. The date range is the date the user was added to the database.

WISE

User Progress Report	t			
🛱 Domain		🙁 Clerkship		
Your Institution Name		All Clerkships		
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	Student username and full name		Prog	ress >
	appear here		Prog	ress >
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User Progress

This report will give you individual learner reports. If you do not specify names, then you will receive a list of all learners added within the date range specified. Click on the Progress button corresponding to the learner you are interested in to get their report.

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User Activit	ty Report													
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Surgery •	Abdominal	se this	s drop	down	menu	to sele	erate Report	Call for	r WISE [,]	-OnCa	all repo	orting		
Surgery •	Abdominal Aortic Aneurysms	se this	s drop	down Appendicitis	menu Bariatric	Ger to sele Bowel Obstruction	erate Report	Call foi Burn Management	r WISE	-OnCa	all repo	Diverticulitis	Hypercalcemia	Ingu
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User Activity

This report will give you group activity reporting based on 2 date parameters: date the account was added and date of activity. This will show give you a report of multiple learners at once. If you use more than one product (Surgery, OnCall, or CARE) then you are able to filter by product.

The questions and practice cases in WISE are for learner self-assessment only and are not designed to be used for grading purposes other than completion

There are no reports about the questions available to faculty/ administrative staff and learners are able to attempt the questions and practice cases infinite times.

Faculty interested in noting completion of these questions can ask the learners to screenshot the learner facing reports and that image/file can be uploaded

WISE-OnCall



Access module progress, and question progress

Each module consists of introduction and causes videos, a practice case, and practice questions



Introduction

Each module starts by providing detailed information on how a symptom or sign may present.

Underlying causes are covered with their distinguishing features.

oduction	Gastrointestinal	Biliary/ Pancreatic	Vascular	Genitourinary/ Gynecologic	Systemic
aracteristics	Gastroenteritis	Cholelithiasis	Bowel ischemia	Kidney stone	Myocardial
cation	Peptic ulcer	Cholecystitis	Mesenteric ischemia	Pyelonephritis	Zoster
ality & Quantity	Reflux esophagitis	Cholangitis	Ruptured AAA	Cystitis	Ketoacidosis
ronology	Bowel obstruction	Pancreatitis	Abdominal bleeding	Ectopic pregnancy	Sickle cell crisis
gravating factors	Appendicitis			Pelvic inflamatory disease	Narcotic withdrawa
ssociated symptoms	Diverticulitis				Addisonian crisis
ne Causes ©					Constipation
e Checklist					

← 1 of 1 →

Causes

Important diagnostic tests related to various conditions are introduced.

Immediate management steps necessary to avert disaster are explained.





Case

Video dramatizations show the process of gathering information to form a diagnosis and management plan.

Professionalism and interdisciplinary communication are modeled throughout.



Checklists help students take a structured approach to reaching the diagnosis

→

	Abdominal Pain	×
	Introduction Causes Case Practice Instructions Case 1 Case 2 Case 3	∃ Resources
Practice		
In-depth cases allow students to assess their understanding	"Dr. Green. It's Janet King on the medical floor." "Hi Janet. What can I do for you?" replies Dr Green, setting down her cup of coffee to attend to the unexpected call. "We have a Mrs. Scott on our floor. She's a diabetic patient who has peripheral vascular disease. She was admitted a few days ago for treatment of a non-healing ulcer. She is complaining of severe pain in her right upper abdomen. She is clearly	
	look." Dr Green wonders if the patient had this problem at the time of admission and asks, "How long has this been going on?" "When I checked on her earlier she was fine. She had lunch sometime after that and she was able to eat. She's on a restricted diet because of her diabetes. That was several hours ago." "I see. OK. I'm heading up to you now. Should be there in a few minutes. In the meantime, please get a new set of vitals. And I'd like to take a look at her chart as well." The nurse thanks Dr Green for her prompt response. "Sure. I'll have the vitals and her record ready for you when you get here." "Thanks. I'm on the way." Dr Green tosses the unfinished cup in the trash and heads to the nurses station.	
	li≣ Chu	ecklist
	<u> </u>	VISE-OnCall
	Case #1 1 2 3 4 5 6 7 8 9 10 Total pts: 0 / 0 2	of 4 🔶

Vhat	Is she nat	n from the useous? Ha	nurse as she	and/or vomit	ed?	"Yes. Sh or after t	be most he e says she he pain can	pful to Dr (nas been r help formi	auseous b late the di	re she sees out didn't vo fferential.	s the patie mit." The p	nt? (Seleo presence	and timing	apply) g of nausea	before
	Has her u	irine output	been	OK?		"You kno change i	w, we have n color coul	n't been re d indicate (ording it." ehydratior	A drop in un n or gallstor	urine outpu ne disease	it might in	dicate ea	rly sepsis. A	ł
1	What did	she eat for	lunch	?		"Actually sandwich	. Now I rem n." This is a	ember. She possible ir	didn't like stigating fa	the tray so actor given	a friend b the pain's	prought he	er a grilled to her lur	cheese ich.	
	What was fingerstick	s her most r <td>ecent cose?</td> <td></td> <td></td> <td>"Yes it w</td> <td>as 180." An</td> <td>elevated g</td> <td>lucose lev</td> <td>el could ind</td> <td>licate early</td> <td>/ infection</td> <td>or DKA.</td> <td></td> <td></td>	ecent cose?			"Yes it w	as 180." An	elevated g	lucose lev	el could ind	licate early	/ infection	or DKA.		
	Are there from her a	LFTs, amyl admission?	ase a	nd lipa	se	"Amylase normal li new set	e and lipase mits." This would be m	were not o vould give ore useful,	rawn upor /ou a base however.	n admissior eline if you :	n, but LFTs suspect pa	done a r ancreatitis	nonth ago or gall bl	were withi adder disea	n ase. A
	Has she e	ever had a l	neart a	ittack	2	"No." Alt	hough hear	attacks ca	n have un	usual prese	entations, f	his is low	on the di	ferential lis	t.
1	Does she recreatior	have a his nal drug use	tory of e?			"No." Sh	e has been	hospitalize	d and mos	t likely has	not had a	ccess.			
f 5	possible	pts award	ed											i≣ Chec	klist

Responses are weighted from +2 to -2 to raise awareness of choices that might harm the patient and to more realistically reflect the nuances of clinical decision making